

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 15, 2002 8:00 am
Secretary of State

04-15-2002 90031 033 ****61.25

DOCUMENT # N01000006612

1. Entity Name

CORNER LAKES ESTATES HOMEOWNERS ASSOCIATION, INC

Principal Place of Business

Mailing Address

411 CENTRAL PARK DRIVE
 SANFORD FL 32771

411 CENTRAL PARK DRIVE
 SANFORD FL 32771

2. Principal Place of Business

3. Mailing Address

c/o Mid-Florida Mgmt.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5025 South U.S. Hwy. 17-92

City & State

City & State

Casselberry

FL

4. FEI Number

02-0563815

Applied For

Not Applicable

Zip

Country

Zip

32707-3815

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~DREELE, WAYNE VON~~
~~411 CENTRAL PARK DRIVE~~
~~SANFORD FL 32771~~

Name: Spare, William C., Community Assn. Mgr.

Street Address (P.O. Box Number is Not Acceptable): Mid-Florida Prop. Mgmt., Inc.

5025 South U.S. Hwy. 17-92

City: Casselberry

FL

Zip Code: 32707

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

William C. Spare

William C. Spare,

Community Association Mgr. 03/20/02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: PD
 NAME: HOWARD, SCOTT C
 STREET ADDRESS: 411 CENTRAL PARK DRIVE
 CITY-ST-ZIP: SANFORD FL 32771 ☐ Delete

TITLE: PTD ☒ Change ☐ Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: VPD
 NAME: GREENWALT, TOM
 STREET ADDRESS: 411 CENTRAL PARK DRIVE
 CITY-ST-ZIP: SANFORD FL 32771 ☐ Delete

TITLE: VD ☒ Change ☐ Addition
 NAME: Greenawalt, Thomas H.
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: SD ☒ Delete
 NAME: VON DREELE, WAYNE
 STREET ADDRESS: 411 CENTRAL PARK DRIVE
 CITY-ST-ZIP: SANFORD FL 32771

TITLE: VD ☐ Change ☒ Addition
 NAME: Prior, P. Thomas
 STREET ADDRESS: 411 Central Park Drive
 CITY-ST-ZIP: Sanford, FL 32771

TITLE: TD ☒ Delete
 NAME: VON DREELE, WAYNE
 STREET ADDRESS: 411 CENTRAL PARK DRIVE
 CITY-ST-ZIP: SANFORD FL 32771

TITLE: VD ☐ Change ☒ Addition
 NAME: Rousch, William E.
 STREET ADDRESS: 411 Central Park Drive
 CITY-ST-ZIP: Sanford FL 32771

TITLE: ☐ Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: SD ☐ Change ☒ Addition
 NAME: Thompson, Michele L.
 STREET ADDRESS: 411 Central Park Drive
 CITY-ST-ZIP: Sanford FL 32771

TITLE: ☐ Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with an other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Scott C Howard

4-3-02

Date

Daytime Phone #

407 475-9112

0010813

CR2E037 (9/01)